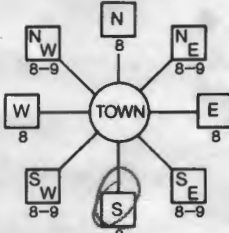
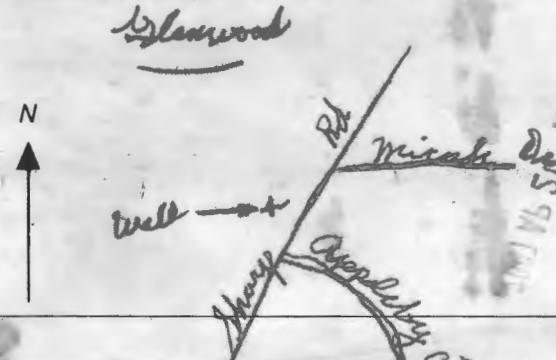


B 1 1 2 3 6 9809	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526664 please type	STATE PERMIT NUMBER HD-95-1100 fill in this form completely
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Date Received (APA) OWNER INFORMATION 8 MM DD YY 13 15 Last Name Kreisholtz Owner First Name William 34 36 3446 Sharp Rd Street or RFD 44 57 Glenwood md 21738 Zip 76 DRILLER INFORMATION Driller's Name Joseph L. Wayne MS D024 License No. 81 Firm Name Joseph L. Wayne well drilling Address 5512 Bridge Rd Mt Airy Md 21771 Signature Joseph L. Wayne Date 4/21/07	B 3 LOCATION OF WELL 8 COUNTY Harford 21 23 SUBDIVISION Kreisholtz Property 42 SECTION 44 LOT 48 52 NEAREST TOWN Glenwood 71 MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78
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B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20	B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 Sharp Rd 20 34 60 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 26 BLK: 5 PARCEL 145
---	---

USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Harford COUNTY NO. 525658 STATE SIGNATURE [Signature] INSERT S → DATE ISSUED 4/26/07 41 43 MM DD YY 45 NORTH GRID 523 000 EAST GRID 096 000 50 55 57 63
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APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 37 METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 798 6 N 528 3 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
--	---

REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HD-95-1100 70 71 72 73 74 75 76 77 78 79	SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.
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Well Permit No. HO - 95-1100
Location of property (road) Sharp Rd
Subdivision Keilhoetz Property Lot Parcel 145 Block Plat Sec.
Well Driller Joseph D. Payne Owner William Keilhoetz
Depth of well 260' ✓
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 24' -

Time pump started 7:15 Pumping rate 20 gpm
Total time 15 min to reach pumping water level 72 ft. below M.P.

[illegible]

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WILMOUTH PLUMBING Telephone #: 410-781-7051
Address: 4203 PATRICKS DR.
SEKESVILLE MD.

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): CHRIS WILMOUTH License# 6992

"A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: WILLIAM LEITHOFF Telephone #: 410-442-2321

Subdivision: 3042 SHARP RD Lot #: HO-75-1100

Site Address: WILMOUTH MD 21738

Submersible Pump Data

Make: JACUZZI

Model #: 115

Pump Capacity: 7 GPM

Well Yield: 15 GPM

Depth of well encountered at time of pump installation: 112 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt

Pitless Adapter

Make: HOWARD

Model #: 115

Depth: 112 (36" min)

NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: ✓

Screened, vented well cap: ✓

Cap secured to casing: ✓

Conduit min 18" B.G.: ✓

Conduit secured to well cap: ✓

Piping to house

Type: PRESSURE

PSI: 11 (160 psi min)

Depth of supply line: ✓ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 6

Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: D. Walder

date: 10/9/07

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested:

Date Insp. Approved: 10/15/07 (BB)

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓

Two piece cap installed and attached to casing securely ✓

Elec. conduit extends at least 18" below grade/attached to cap properly ✓

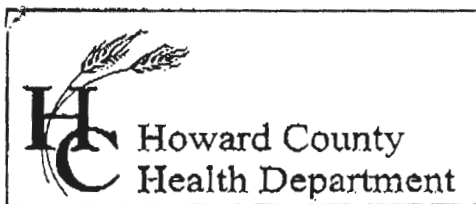
Safety rope installed inside of well casing ✓

Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate ground observed below pitless adapter ✓

Stated
241



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Keilholtz property Sharp Rd
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by Fisher, Collins & Carter Inc
(professional land surveyor or company employing professional land surveyors)
on 4-13-2007 (date) and does not require a site inspection.

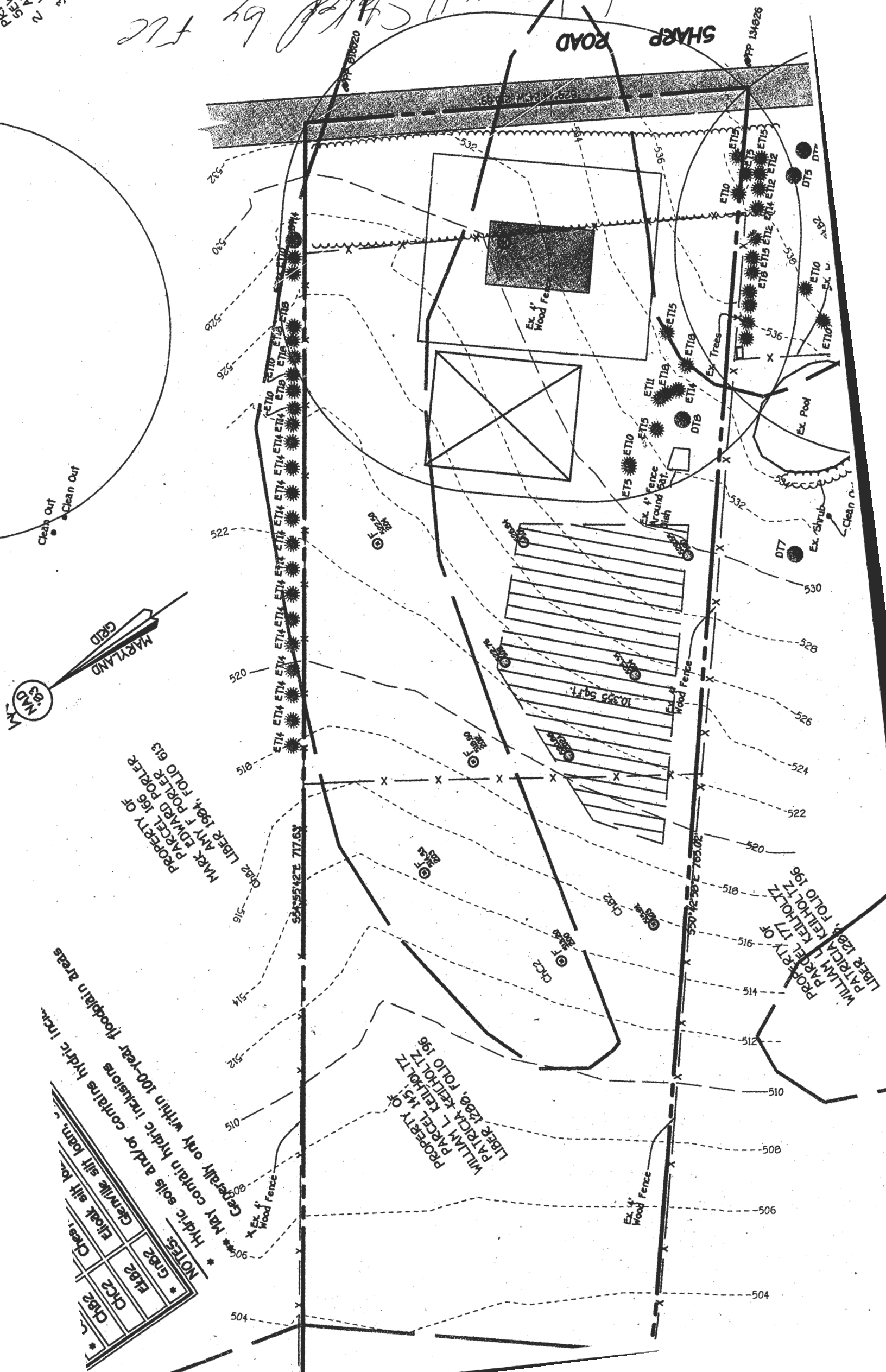
☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

1. THE
 2. ADJUST
 3. THE
 4. DEB
 5. WIDT
 6. THE
 7. THE
 8. THE
 9. THE
 10. THE

4/21/12
 112A
 19 82/45
 21C



PROPERTY OF
 MARK EDWARD FORLER
 1964, FOLIO 613

PROPERTY OF
 WILLIAM L. KEILHOLTZ
 1964, FOLIO 196

PROPERTY OF
 WILLIAM L. KEILHOLTZ
 1964, FOLIO 196

NOTES:
 * May contain hydric inclusions
 * Generally only within 100-year floodplain areas
 * Hydric soils and/or contains hydric inclusions
 * Elicak silt loam, C1C2
 * Elicak silt loam, C1C2
 * Elicak silt loam, C1C2

CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connxt.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
Crosen Homes
Attn: Don
3785 Shady Lane
Glenwood, Maryland 21738

S/O Number: 67465
Report Date: March 7, 2008

Property Sampled: 3642 Sharp Road, 21738

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B007002552

Tax Map #: N/A
Parcel #: N/A

Date/Time Collected: March 6, 2008 at 10:50 am
Date/Time Received: March 6, 2008 at 2:05 pm

Sample Location: Bathroom Tap
Sampler ID: 0095JF
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-1100
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

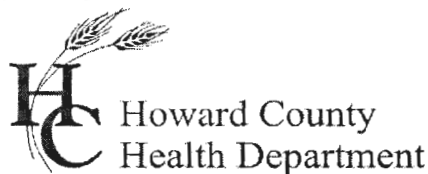
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.5 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

April 3, 2008

Mr. & Mrs. William Keilholtz
3646 Sharp Road
Glenwood, MD 21738

SENT VIA FACSIMILE 410-489-5242

RE: 3642 Sharp Road
Glenwood, MD 21738
BP #: B07002552
Well Permit # HO-95-1100

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/16/2007. Final approval of the well line connection to the dwelling was approved on 10/15/2007.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

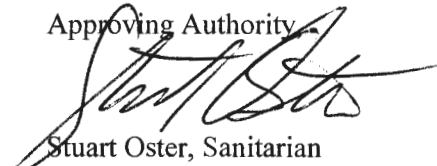
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO- 95-1100. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 03/06/2008
Date of Well Completion: 05/04/2007

Approving Authority



Stuart Oster, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File